

CLAIMS ONLY						Application Number <i>16/021,312</i>	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	/					51			
2	/					52			
3	/					53			
4	/					54			
5	/					55			
6	3					56			
7	3					57			
8	3					58			
9	/					59			
10	4					60			
11	4					61			
12	—					62			
13	3					63			
14	/					64			
15	/					65			
16	/					66			
17	/					67			
18	/					68			
19	/					69			
20	/					70			
21	—					71			
22	—					72			
23	/					73			
24	/					74			
25	/					75			
26	/					76			
27	/					77			
28	/					78			
29	/					79			
30	/					80			
31	/					81			
32	/					82			
33	/					83			
34	/					84			
35	/					85			
36	/					86			
37	/					87			
38	/					88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	3					Total Indep			
Total Depend	45					Total Depend			
Total Claims	48					Total Claims			